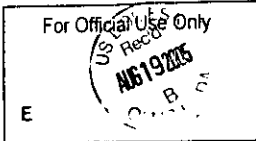


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>5956</u>	2. Fiscal Year Covered From <u>1/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>John I. Wilson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1650 A Beckman Pl NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20009</u>	4. Name, file number, and address of labor organization. Name <u>National Education Association</u> Labor Organization File Number <u>000-342</u> P.O. Box, Building and Room Number, if any _____ Street <u>1201 16th St. NW</u> City <u>Washington</u> State <u>DC</u> ZIP Code + 4 <u>20036</u>
5. Position in labor organization. <u>Executive Director</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any).

Name _____

Trade Name, if any: _____

P.O. Box, Bldg., Room No., if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

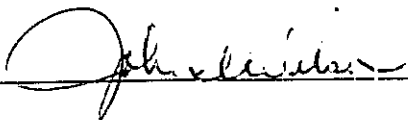
7.a. Nature of Interest, Transaction, or Income.

7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

7/11/05

Date

202-387-7996

Telephone Number

Name of Person Filing <u>John I. Wilson</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name MBNA
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street MBNA America Headquarters
City Wilmington
State Delaware ZIP Code + 4

9. Business deals with:

- a. Labor Organization
☒ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name NEA Member Benefits Corporation
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street 900 Clapper Road Suite 300
City Gaithersburg
State Maryland ZIP Code + 4 20878

11.a. Nature of such dealing.

Provider of Credit Card Services to Members

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

Superbowl Weekend in Houston, TX.

12.b. Amount.

\$2,000

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

John I. Wilson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Mt. Vernon Printing

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3229 Hubbard RdCity LandoverState MD ZIP Code + 4 20785

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides printing services to NEA.

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

2 tickets to Carolina-Maryland
basketball game.2 tickets to Washington Redskins
football game

12.b. Amount.

\$2400

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment

Name of Person Filing

John I Wilson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name The Feldman Group

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 508-510 8th Street, SECity WashingtonState DC ZIP Code + 4 20003

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Consultant

11.b. Approximate dollar value of such dealing.

Unknown

12.a. Nature of interest held or income received.

2 Tickets to Washington Wizards basketball game

12.b. Amount.

\$300

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

14.b. Amount of payment.

13.b. Is the Business an Employer or Consultant ?